

Medical Plan



The City's medical options all provide coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs and hospitalization. You choose the option that makes the most sense for you and your family based on your needs and what you want to pay for coverage.

Choosing a Medical Option

When it comes to medical coverage, the City offers you these choices:

- Aetna PPO Plan – POS II Low Plan
- Aetna PPO Plan – POS II High Plan

Preferred Provider Organizations (PPO)

The PPO plans offer in-network and out-of-network benefits. When you need care, you decide whether to go to an Aetna in-network doctor or to an out-of-network provider. If you receive care from in-network doctors and facilities, your out-of-pocket costs will be lower than if you use out-of-network providers and facilities because Aetna network providers discount their fees. And, with in-network providers, you generally do not have to file claims.

If you choose to receive care from an out-of-network provider, the medical plan pays a lower benefit and you must file a claim to receive reimbursement for covered expenses.

Employee Contributions

Below are the premiums that are in effect January 1, 2013 - December 31, 2013.

Aetna Medical POS II – Low Plan				
Tier	Monthly Rate	City Portion	Employee Portion	Per Pay Period
EE Only	\$642.50	\$612.50	\$30.00	\$15.00
EE/Spouse	\$780.08	\$612.50	\$167.58	\$83.79
EE/Children	\$897.36	\$612.50	\$284.86	\$142.43
EE/Family	\$1020.10	\$612.50	\$407.60	\$203.80

Aetna Medical POS II – High Plan				
Tier	Monthly Rate	City Portion	Employee Portion	Per Pay Period
EE Only	\$672.50	\$612.50	\$60.00	\$30.00
EE/Spouse	\$902.22	\$612.50	\$281.72	\$144.86
EE/Children	\$1060.90	\$612.50	\$448.40	\$224.20
EE/Family	\$1227.12	\$612.50	\$614.62	\$307.31

*Rates may be lower

Your cost for Medical, Dental and Vision plans in the Benefits Program will be paid on a **before-tax basis** through your payroll deductions. This means that your benefit deductions go farther because you save the federal income tax that would otherwise be required on these contributions.

Better manage your health and health care

Aetna Navigator® Secure Member Website

Coverage, claims,
costs and more — all
at www.aetna.com

Aetna Navigator helps you do what you want to do — more easily.

As a member, you can log in to manage your:

- Health coverage
- Claims
- Care and treatment
- Health records
- Health and wellness

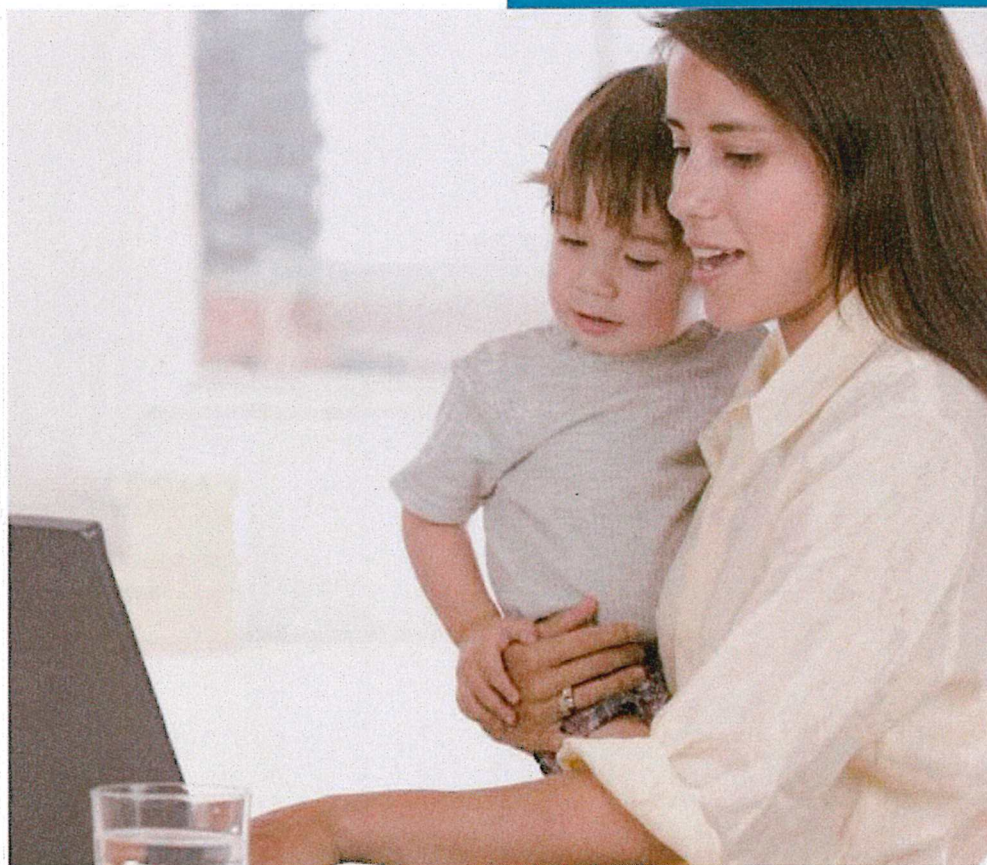
You even get personalized information. And extra help is just a click or phone call away!



Health info *on the go*

Visit Aetna Navigator anytime, anywhere. Log in using any mobile phone with web access.

www.aetna.com



s Your Doctor in the Aetna network? All of the providers in the Aetna network change frequently. To find out if your doctor participates in the network, go to www.aetna.com and click on Find a Doctor.

POS II Low Plan Highlights



Administered by Aetna

Plan Provision	In-Network Coverage	Out-of-Network Coverage
Annual Deductible	\$1,000 individual \$3,000 family	\$3,000 individual \$9,000 family
Annual Out-of-Pocket Maximum	\$4,000 individual \$12,000 family	\$13,000 \$39,000 family
Preventive Care		
Adult physical examinations, including diagnostic tests and immunizations	100%, no deductible	50% after the deductible
Well-woman exams by PCP or OB/GYN, including mammogram and Pap test	100%, no deductible	50% after the deductible
Routine pediatric care, including diagnostic tests and immunizations	100%, no deductible	50% after the deductible
Eye Exam	100%, no deductible	50% after the deductible
Outpatient Care		
PCP office visit	100% after \$15 copay per visit	50% after the deductible
Specialist office visit	100% after \$25 copay per visit	50% after the deductible
Outpatient surgery	80% after the deductible	50% after the deductible
X-ray and lab tests (non-routine)	80% after the deductible	50% after the deductible
Outpatient therapy (limited to 60 visits per year for each of the following: speech, physical, occupational, acupuncture and chiropractic)	80% after the deductible	50% after the deductible
Emergency and Urgent Care		
Emergency Room Care	80% after \$125 copay	50% after the deductible
Urgent Care	100% after \$25 copay	50% after the deductible

POS II High Plan Highlights



Administered by Aetna

Plan Provision	In-Network Coverage	Out-of-Network Coverage
Annual Deductible	\$500 individual \$1,500 family	\$1,500 individual \$4,500 family
Annual Out-of-Pocket Maximum	\$2,000 individual \$6,000 family	\$9,000 individual \$27,000 family
Preventive Care		
Adult physical examinations , including diagnostic tests and immunizations	100%, no deductible	50% after the deductible
Well-woman exams by PCP or OB/GYN , including mammogram and Pap test	100%, no deductible	50% after the deductible
Routine pediatric care , including diagnostic tests and immunizations	100%, no deductible	50% after the deductible
Eye Exam	100%, no deductible	50% after the deductible
Outpatient Care		
PCP office visit	100% after \$15 copay per visit	50% after the deductible
Specialist office visit	100% after \$25 copay per visit	50% after the deductible
Outpatient surgery	80% after the deductible	50% after the deductible
X-ray and lab tests (non-routine)	80% after the deductible	50% after the deductible
Outpatient therapy (limited to 60 visits per year for each of the following: speech, physical, occupational, acupuncture and chiropractic)	80% after the deductible	50% after the deductible
Emergency and Urgent Care		
Emergency Room Care	80% after \$125 copay	50% after the deductible
Urgent Care	100% after \$25 copay	50% after the deductible